

HIV/AIDS in South Africa revisited

THERE HAS BEEN NO REASON, SINCE THE LATE 1990s, not to be aware of the essential features of the global HIV/AIDS pandemic. The growing catastrophe was widely recognized for what it was in a substantial literature and books such as Hooper's *The River*.¹ Today AIDS is acknowledged as the deadliest epidemic in the history of humankind, having killed some 25 million people, and HIV is widely reckoned to be the most thoroughly investigated of all viruses. However, in spite of a massive investment of research effort in the more than two decades since the first cases of AIDS were described—and the wealth of analysis and evidence that has been produced—much remains to be explained.

There persists uncertainty about the virus's origins, although it is generally assumed to have passed from animals to humans somewhere in central Africa; we do not know why some medical diagnoses of HIV infection give entirely the wrong results; we are far from clear about the ways the pathogens responsible for tuberculosis and malaria confound the action of the AIDS virus; and we lack satisfactory explanations for the marked regional variations in the prevalence of HIV infection.

HIV/AIDS statistics have also been a source of controversy. Questioning the accuracy of these statistics has in fact been used to justify political inaction, even when deliberate and appropriate intervention could have greatly reduced the subsequent impact of morbidity and mortality on a large scale. The article by Johnson, Dorrington and Matthews on page 135 of this issue addresses the uncertainties in the calculation of the number of infections and deaths from the disease in South Africa, and estimates of mean HIV survival times (about 11 years), according to a model—based on some two dozen factors and freely available for inspection online—developed by the Actuarial Society of South Africa. These authors confirm what has been widely supposed and quoted in recent times, that at least 1000 new HIV infections and at least 700 deaths due to AIDS occur every day in South Africa. This corresponds to an HIV prevalence rate of 9.1–13.1% and supports what we have long known, that we are experiencing a severe epidemic in which nearly 2 million people have died of AIDS.

South Africa carries the highest burden

of the disease on the continent that is the most afflicted of all. It affects all aspects of our country's life and it is therefore to be expected that South Africans have acquired a high level of understanding of the unfolding crisis and how to contain it. Much of their expertise and experience is presented in the definitive text on the disease in our region, *HIV/AIDS in South Africa*.^{*} Here is the basic science of the virus, the HIV risk factors and prevention strategies advocated and practised, the population groups most affected, ways of treating HIV, political interventions marked by 'confusion and obtuseness' ('a litany of controversies' that had a deep and, for an extended period, damaging influence on combating the epidemic), the evolving social and economic consequences, and what mathematical modelling tells us about the possible course of the disease.

This book has been out for over a year. There is no excuse for ignoring the information it contains from the 40-odd expert contributors. It covers the range of topics that anyone working with or concerned about the pandemic would need by way of evidence, and analysis, of the complex manifestations of the disease. The lucid, authoritative and chilling accounts in each chapter see to that.

AIDS in South Africa is a tale of missed opportunities. When the disease was recognized for what it is, in the late 1980s, HIV infection had not taken root (prevalence was less than 1%). Both the government of the day and then the democratically elected government to come, led by the African National Congress, saw clearly the threat posed by HIV. Unfortunately, their good intentions and plans to contain HIV infection were not translated into the required action in that period of political turbulence.

By 2000, therefore, at the time of the international AIDS conference held in Durban and shortly after the two meetings of the Presidential AIDS Advisory Panel,² national antenatal HIV prevalence exceeded 22%. Furthermore, widespread and sustained public exposure was given to a vociferous group who questioned (or denied) any link between HIV and AIDS; it became commonplace for them to refer to the disease as

simply one of poverty. Granting that HIV is nevertheless the primary cause, however, poverty was indeed and remains a powerful reason that AIDS proliferates, for a particular set of circumstances: '...the impact of HIV will fall most squarely on those who bore the brunt of apartheid; the urban and rural poor' (Mark Heywood, head of the AIDS Law Project at the University of the Witwatersrand). And in the provision of antiretroviral treatment for those infected with HIV, pharmacologist Andrew Gray of the University of KwaZulu-Natal observes the dichotomy between a 'well-resourced private sector for the affluent and an under-resourced public sector for an impoverished majority [that] must find new common ground ... and an equitable distribution of resources, skills and capacity.'

HIV/AIDS has now come to be seen as a human rights issue and not just the domain of health provision. It continues to have a crucial political dimension. The government's welcome and comprehensive anti-retroviral treatment strategy is a critical test of the South African Constitution to provide full access to health care services—for each person to be able to claim and receive protection from treatable diseases—and social assistance to vulnerable groups. For vulnerable groups there surely are. Community structures based on the family are being steadily eroded by the disease. There could be as many as five million AIDS orphans by 2014. And the infection is a major threat to food security because sick people are less able to produce food and to afford it.

HIV/AIDS in South Africa (and the paper in this issue by Johnson and his colleagues) obviously cannot anticipate the benefits to be expected from the rollout of free anti-retroviral treatment nor of the other AIDS prevention strategies being advocated, such as male circumcision. The book's editors, who are senior scientists affiliated to the University of KwaZulu-Natal in Durban and New York's Columbia University, conclude, however, that South Africa's rising to the challenge of AIDS has 'proved elusive'. The ready accessibility of *HIV/AIDS in South Africa* should make it much easier for the national and political will to focus on changing the course of the epidemic in this part of the world.

^{*}*HIV/AIDS in South Africa*, edited by S.S. Abdoool Karim and Q. Abdoool Karim. Cambridge University Press, pp. 572. ISBN 0521616298, £35.00, \$60.00.

1. Hooper E. (1999). *The River: A journey back to the source of HIV and AIDS*. Allen Lane/Penguin, Harmondsworth.
2. The final panel report is available online at: <http://www.info.gov.za/otherdocs/2001/aidspanel.pdf>